

Working Healthy Reporting

KEESM 9121,1322

Working Healthy Reporting Requirements?

Working Healthy consumers follow Change Reporting guidelines the same as for all MS programs. Consumers must report certain changes in circumstances within 10 days of when the change becomes known to the household. At approval and at review, consumers must be notified of their reporting requirements and provided with a Change Report Form ES-1512 to report changes. A consumer can report changes in person, by phone or in writing. Listed below are the changes that need to be reported:

- changes in source of income (earned or unearned)
- when the amount of income increases or decreases
- changes in household composition including marriage, separation, and divorce
- changes in residence including moving into or out of a hospital or institution
- when resources reach or exceed the limit per applicable household number and program
- loss of disability status as determined by SSA
*When this happens check to see if medically improved.
- entitlement or loss of Medicare or change in any third party health plan, including premium obligation

Processing the Changes

A worker is to take action on a reported change within **10 days** after the date the change is reported.

- ✓ Document in the file: the change, the date the change occurred, and the date the change was reported
- ✓ Determine if verification or additional information is required
- ✓ Request information or verification
- ✓ Determine eligibility and benefits

A consumer has **10 days** from the date information is requested to provide requested verification.

When are changes effective?

For medical, changes are effective the month following the month of the change, given timely and adequate notice requirements.

Working Healthy cases are set up using one month base periods and when changes are reported on one month bases, they are always reacted to the month after the month of report.

If a Working Healthy consumer reports a change that would decrease their premium, the EES worker will react effective the month after the month the change is reported.

If a Working Healthy consumer reports a change that would increase their premium, the EES worker shall not react to that change. Premiums are only increased at the time of review or at the six month desk review.

Example: Johnnie has an ongoing WH case with a desk review due 7/06. On April 5, he informs you that things are really going great at work and he has increased his hours from 15 hours a week to 25 hours a week. What action do you take on his case?

You document the case that Johnnie reported the increased hours. You do not change the income or react to this change until you are completing the desk review in July. At that time, you would request income verification. You would adjust the premium, or the premium would remain the same, based on the income premium chart.

Example: Janet, who is in a wheelchair, has an ongoing WH case with a review due 5/06. On Jan. 11, she informs you that with the snow, ice and cold weather, she is cutting back her work hours from 20 to 10 hours a week until spring when it gets warmer. What action do you take?

You verify with Janet's employer, that she is now working 10 hours a week until April. Her decreased income will decrease the premium. You change her income screen and authorize her benefits with the decreased premium effective in February. This premium amount will remain until the review 5/06 if no other changes are reported that need action.

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